Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR PETER E GRAYS
1909 CENTRAL DRIVE STE 202
BEDFORD TX 76021

Respondent Name
New Hampshire Insurance Co

Carrier's Austin Representative Box
Box Number 19

MFDR Tracking Number
M4-11-0805-01

MFDR Date Received
November 8, 2010

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I am requesting full payment on procedures code 49560 due to the reduction in payment per Multiple Procedure review. This is inaccurate due to the fact that a modifier 59 was appended to 49507 to show the separate identifiable procedure from the primary procedure 49560. The insurance carrier left procedure code 49560 payable at 50% negotiated rate. Per usage of modifier 59 and the separate incisions for the procedures performed my services should be payable at 100% negotiated rate."

Amount in Dispute: $448.94

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: …"per Medicare's Physician RVU spreadsheet, codes 49560, 49507 and 55520 are clearly marked in column & with a "2". Column Y is in the column that identifies the multiple procedure status. ONLY code 49568 has "0" which means no MP rule applies. Please note: 49560 has the highest RVU and is paid at 100% of FS…"

Response Submitted by: Corvel Corporation

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 22, 2010	Professional Services	$448.94	$ 0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §133.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   1. 09P – Multiple Procedure (50) per Professional Review

2. 193 – Original payment decision maintained
3. 97 – Charge included in another Charge or Service
4. B15 – Procedure/Service is not paid separately

Issues

1. Did the respondent support reduction in payment?
2. Was the 59 modifier considered by the carrier?
3. Is the requestor entitled to reimbursement?

Findings

1. The insurance reduced payment for disputed services with reason code 09P – Multiple Procedure (50) per Professional Review. "Per 28 Texas Administrative Code §134.20(b)(1) states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following (1) Medicare payment policies, including it s coding; billing; correct coding initiatives (CCI0 edits; modifiers; … and other payment policies in effect on the date a service is provided. The medical bill for the service in dispute includes CPT codes 49560, 49568, 49507 and 55520. Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule, PFS Relative Value Files list CPT codes that are subject to Multiple Procedure Discounts. Review of these files finds the carrier's reduction is supported.
2. Per CPT Manual 59 modifier is defines as, "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day." Review of submitted documentation finds the carrier allowed each procedure performed. The 59 modifier was allowed. However, the 59 modifier will not change the Relative Value placed on a procedure by Medicare fee guidelines. Therefore this service will be reviewed per applicable rules and fee guidelines.
3. 28 Texas Administrative Code §134.203 is the applicable division fee schedule for calculation of the maximum allowable reimbursement for the services in dispute. For services in 2010, the maximum allowable reimbursement = (TDI-DWC Conversion Factor / Medicare CONV FACT) x Non-Facility Price or:

Code	MAR Calculation	Units	Allowable	Amount Paid
49507	(54.32 / 36.0791) X 599.2 subject to multiple procedure guidelines less 50%	1	$451.07	$1,063.19
49560	(54.32 / 36.0791) x 696.47	1	$1,048.59	$618.74
49568	(54.32 / 36.0791) x 260.79	1	$392.64	$463.78
55520	(54.32 / 36.0791) x 421.68 subject to multiple procedure guidelines less 50%	1	$317.44	$747.78
		TOTAL	$2,209.74	$2,893.49

The total allowable for the disputed services is $2,209.74. The carrier paid $2,893.49, therefore no additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		December , 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.